

STATE OF NEBRASKA
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE TAX
P O Box 94600
LINCOLN, NE 68509-4600
Phone: 402.471.9898
Fax: 402.471.9994

**APPLICATION FOR
COMBINED TAX REFUND**

UI Form 26

Official Use Only	
Employer Account No.	Federal I.D. No.
<input type="checkbox"/> Account inactive	
<input type="checkbox"/> Too large for use in a reasonable time	
<input type="checkbox"/> Employer determined non-subject	
<input type="checkbox"/> Approved by Tax Administrator	
<input type="checkbox"/> Other _____	
Claim # _____	

In accordance with Neb. Rev. Stat. Sec. 48-660, application is hereby made for a refund in the amount of \$

Printed Name

Authorized Signature
(Notarize if amount is over \$500)

Phone Number

Indicate mailing address below if different from address shown above:

Mailing address changed to: (Street, City, State, Zip Code)

Treasurer hereby approves the claim as requested.

Treasurer, UI Trust Fund

Date

Additional account information can be located at dol.nebraska.gov and click UIConnect

Allow 6-8 weeks to receive refund.